



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000001

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **DRYER'S DOCKSIDE RESTAURANT, CORP.**

DOING BUSINESS AS **DOCKSIDE RESTAURANT**

ADDRESS **77 ROCKY NECK AVE.**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **DYER, DENNIS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**SINGLE STORY RESTAURANT CONTAINING APPROX. 5,130 SQ. FT. WITH DINING ROOM, LOUNGE AND KITCHEN. ONE ENTRANCE/TWO EXITS.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000005

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: THE TRIO BUILDING INC.

DOING BUSINESS AS LOBSTA LAND

ADDRESS CAUSEWAY STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: GRAMMAS,  
COREY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1 BAR ENTRANCE INTO BAR AREA WITH INSIDE ENTRANCE TO DINING ROOM WITH DOUBLE DOORS TO STREET AND KITCHEN AREA W/OUTSIDE ENTRANCE ALSO INCLUDES PORCH AREA IN FRONT OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000011

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **EASTERN POINT YACHT CLUB**

DOING BUSINESS AS

ADDRESS **125 EASTERN POINT**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **FERRIS,  
CHRISTOPHER**

TYPE OF LICENSE: **Club**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**TEN EXTERIOR DOOR SERVE AS ENTRANCES AND EXITS. 3 STORY WOODEN BUILDING WITH 5 ROOMS ON THE FIRST FLOOR; 5 ROOMS ON THE 2ND 2 ON THIRD. CELLAR USED FOR FOOD STORAGE, RESTROOMS AND LOBBY.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000035

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ANNISQUAM YACHT CLUB INC.

DOING BUSINESS AS

ADDRESS 19 RIVER ROAD

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: PASSARETTI,  
ANTHONY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1ST. FLOOR, DINING AREA, KITCHEN, MENS' AND LADIES' ROOM, THIRD FLOOR FOR STORAGE ONLY.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000037

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **DYERS STUDIO RESTAURANT CORP.**

DOING BUSINESS AS **THE STUDIO**

ADDRESS **51 ROCKY NECK AVE.**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **DYER, DENNIS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**ONE-STORY WOODEN BUILDING W/TWO ENTRANCES AND NO CELLAR' ONE FLOOR TWO ROOMS.  
33'X65' OPEN DECK ON THE SMITH COVE SIDE.**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000038

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **DYER'S RUDDER RESTAURANT**

DOING BUSINESS AS **THE RUDDER RESTAURANT**

ADDRESS **73 ROCKY NECK AVE.**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **WHEELER,  
CHRISTOPHER**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**4 ROOMS IN A TWO-STORY WOODEN BUILDING. SIX ENTRANCES AND EXITS. STORE ROOM ON SECOND FLOOR; ALSO TWO ONE-ROOM APTS. ON SECOND FLOOR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000092

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **CAFFE D'OLCE, INC**

DOING BUSINESS AS

ADDRESS **3 MAIN ST**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **MOCERI,  
SEBASTIAN**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**ONE ENTRANCE/EXIT, CAFFEE CAPACITY SEATS 20 CHAIRS, 20 TABLES.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000093

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **CAPTAIN CARLO'S LLC**

DOING BUSINESS AS **CAPTAIN CARLOS**

ADDRESS **27-37 HARBOR LOOP**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **FOSTER,  
ROSEMARIE**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

**DESCRIPTION OF LICENSED PREMISES:**

**OUTSIDE EXITING FROM INSIDE DINING AREA TO ENCLOSED PATIO, CONSISTING OF DECKING AREA & 2 TEMP. TENTS, ENCLOSED BY EXTERIOR BLDG. WALL, EXTERIOR WALL OF INTERIOR TENTS & BARRIERS ADJACENT TO DRIVEWAY. EMERGENCY EXIT CONTROLLED BY A STAFF PERSON & OR POLICE OFFICER.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000095

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **HORIZON CHINESE RESTAURANT, INC.**

DOING BUSINESS AS

ADDRESS **4 ROGERS STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **GAO, JAMES**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**RESTAURANT APPROX. 1500 SQ. FT. WITH DINING ROOM, KITCHEN AND 2 HANDICAPPED BATHROOMS, 1 ENTRANCE/EXIT: 1 EMERGENCY EXIT ON SIDE, (TABLE SERVICE ONLY)**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000096

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: RISTORANTE TRATTORIA LLC

DOING BUSINESS AS

ADDRESS 60 & 64 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: ORLANDO, PIERA TYPE OF LICENSE: Restaurant  
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

REST. WITH 3 DINING AREAS, KITCHEN, 2 HDCP, BATHROOMS ,CELLAR FOR STORAGE, FRONT  
ENT./EXIT AND SIDE ENTR./ EXIT TABLE SERVICE ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000098

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **TOPSIDE GRILL INC**

DOING BUSINESS AS **TOPSIDE GRILL**

ADDRESS **50 ROGERS ST. & 18-26 HANCOCK STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **SILVA, DENNIS**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**RESTAURANT W/ENTRANCE ON ROGERS STREET AND PUB W/ENTRANCE ON HANCOCK STREET.  
HALLWAY CONNECTS PUB AND RESTAURANT. BLDG ON CORNER LOT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000104

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **THE MARKET RESTAURANT ON LOBSTER COVE INC.**

DOING BUSINESS AS

ADDRESS **33 RIVER STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **O'REILLY,  
AMELIA**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR INCLUDING DECK AT REAR, TWO ENTRANCES-MAIN ENTRANCE WITH SIDE DECK  
AND FRONT ENTRANCE, RETAIL AREA, EMERGENCY EXIT, TWO BATHS, INCLUDES DINING AREAS  
AND KITCHEN; STORAGE AREA EXCLUDING RETAIL AREA**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000106

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: NO. 1 GLOUCESTER BUFFET, INC.

DOING BUSINESS AS MIDORI CHINESE JAPANESE

ADDRESS 32-36 WASHINGTON STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: HUANG, ANTHON Y TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH ONE DINING ROOM, ONE KITCHEN, ONE STORAGE ROOM, ONE ENTRANCE AND TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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(If disapproved explain)

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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000107

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **MELISSA R. SALLAH**

DOING BUSINESS AS **SUGAR MAGNOLIA'S CAFÉ**

ADDRESS **112 MAIN STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **SALLAH, MELISSA** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Cordials**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**FIRST FLOOR RESTAURANT, EXIT & ENTRANCE TO MAIN STREET OPENS TO DINING AREA,  
KITCHEN, MEN'S & LADIES ROOM, 1600 SQ FT WITH 1400 SQ FT BASEMENT**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000109

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **CASTLE MANOR INN LLC**

DOING BUSINESS AS

ADDRESS **141 ESSEX AVENUE**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **BAKER, LAURA**  
**MINI**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**KITCHEN, RESTAURANT-4 ROOMS, 1500 SQ FT WITH BAR WITH 10 SEATS..SERVICE ENTRANCE AND DECK...APPROX 2400 SQ FT...3 RESTROOMS...MAIN ENTRANCE EAST SIDE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000110

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **OHANA, INC.**

DOING BUSINESS AS **OHANA**

ADDRESS **151 MAIN STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **DADULAS, ERNIE T.** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**52 SEAT RESTAURANT & 9 SEATS AT THE BAR, TWO ENTRANCES AND EXITS. LOWER LEVEL: OFFICE, BATHROOM, COMMON AREA & KITCHEN. 1ST FLOOR, DINING ROOM, BATHROOM & VESTIBULE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)





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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000111

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: LAURA CRAMER

DOING BUSINESS AS THE CAVE

ADDRESS 44 MAIN STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: CRAMER, LAURA TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

1000 SQ FT WITH STORAGE AREA, UTILITY CLOSET AND HALF BATH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000112

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **ROBERT L. NEWTON**

DOING BUSINESS AS **THE CAPE ANN COMMUNITY CINEMA**

ADDRESS **21 MAIN STREET 2ND FLOOR**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **NEWTON,  
ROBERT L.**

TYPE OF LICENSE: **General on  
premise**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**88 SEAT COMMUNITY CINEMA, LIVING ROOM SETTING WITH EXITS FRONT AND REAR**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000113

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: STEPHEN B FIGURIDO

DOING BUSINESS AS TONY'S VARIETY

ADDRESS 183 WASHINGTON STREET

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: FIGURIDO,  
STEPHEN B.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

6034 SF STORE ON THE CORNER LOT WITH 2 ENTRANCES AND EXITS..FULL BASEMENT AND  
UPSTAIRS STORAGE AND OFFICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000114

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **GLOUCETSER STAGE COMPANY, INC**

DOING BUSINESS AS

ADDRESS **267 EAST MAIN STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **mclaughlin, elsa**

TYPE OF LICENSE: **General on  
premise**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**ENTRANCE LOBBY, 190 SEAT THEATRE, PERFORMANCE SPACE, OFFICES, GREEN ROOM, DRESSING  
ROOMS, AND BATHROOMS; 2 ENTRANCES AND 4 EXITS, LOWER BASEMENT FOR STORAGE**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000115

CITY OR TOWN GLOUCESTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: ENERGY NORTH INCORPORATED

DOING BUSINESS AS

ADDRESS 73 ESSEX AVENUE

CITY/TOWN: GLOUCESTER

STATE: MA

ZIP CODE: 01930

MANAGER: MADKOUR,  
ABDESSAMAD

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

DESCRIPTION OF LICENSED PREMISES:

2300 S.F. CONVENIENCE STORE & GAS STATION WITH 1 ENTRANCE AND 2 EXITS: OFFICE AND  
STORAGE UPSTAIRS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 045000116

CITY OR TOWN **GLOUCESTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **NEW CHINA PORT, INC**

DOING BUSINESS AS **CHINA PORT**

ADDRESS **226 WASHINGTON STREET**

CITY/TOWN: **GLOUCESTER**

STATE: **MA**

ZIP CODE: **01930**

MANAGER: **YU, XIAO ZHU**

TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**FULL SERVICE 2100 SQ.FT. RESTAURANT WITH 2 RESTAURANTS, BAR AREA, ENTRANCE IN FRONT WITH EGRESS AT SIDE AND REAR.**

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: